



The Faith & Spirituality Integrated SBIRT Network

**SBIRT Learning Community:  
Standardized Screening Tools in  
SBIRT Practice**

Friday, January 27, 2017

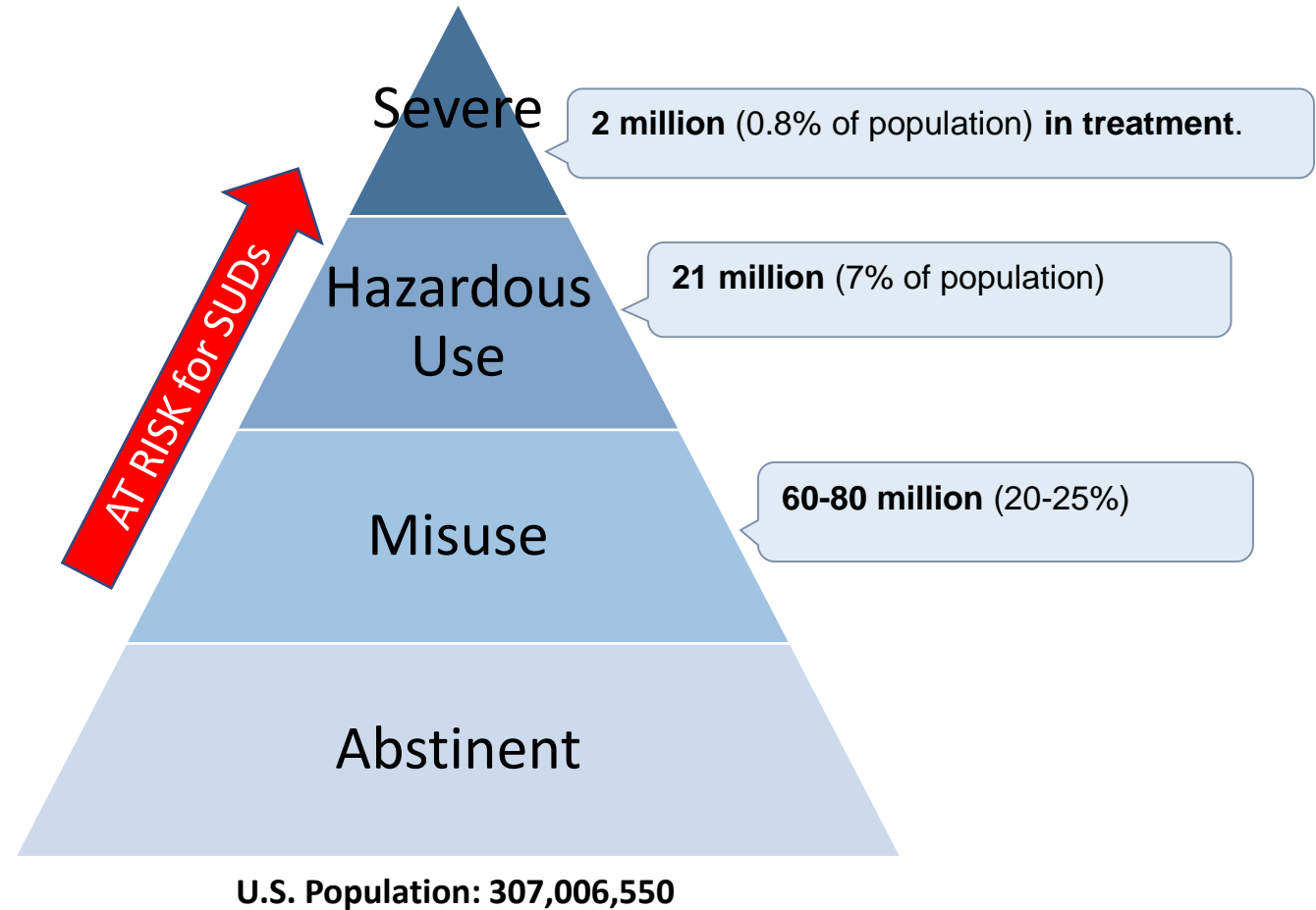
# Learning Community Objectives

- Highlight the importance of Screening
- Define Screening
- Review Standardized Screening tools
- Discuss Considerations for Screening



# Why Screen? *Screening is National Priority*

- Results from National data show that **millions** of individuals in the U.S. are drinking or using substances at **unhealthy rates**.
- Screening has been identified as a **national priority** because most people with unhealthy or risky substance use patterns go undetected in community and other local health settings.

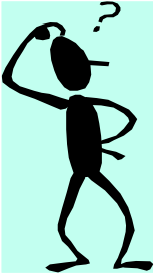


Substance Use Trends in the U.S. General Population

# Screening is an Essential and Routine Practice Conducted in Public Health Settings

- Screening is an evaluation process used for **early identification** of “risk for having or developing” unrecognized illness or disease.
- Screening is NOT Assessment. Assessment is used after risk is detected to further evaluate for disorder (severity level) and for making a clinical diagnosis
- *Screening is an **evidence-based practice component of S-BIRT***
  - Recommended to identify “at risk” individuals (young & old) for developing a substance use disorder and triaging risk





Why is it important to screen someone for alcohol or drug use before jumping to an assessment?

## Substance Use Falls along a Continuum of varying levels of Risk

**Screen for  
RISK**

No Use      Experimental Use      Mild Risk Use      Moderate Risk Use      Severe Risk Use

---

Screening is identification of RISK  
(followed by triaging such risk)



# Standardized Screening Tools for SBIRT Practice

Shown to be **valid and reliable** for identifying “risk” for substance use disorders for Adult Populations

**The Alcohol Use Disorders Identification Test: Interview Version**

Read questions as written. Record answers carefully. Begin the AUDIT by saying “Now I am going to ask you some questions about your use of alcoholic beverages during the past year.” Explain what is meant by “alcoholic beverages” by using local examples of beer, wine, vodka, etc. Code answers in terms of “standard drinks”. Place the correct answer number in the box at the right.

1. How often do you have a drink containing alcohol?  
 (1) Never (Skip to Q 9) (2) 1 to 2 (3) 3 to 4 (4) 5 to 6 (5) 7 to 9 (6) 10 or more

2. How many drinks containing alcohol do you have on a typical day when you are drinking?  
 (1) 1 or 2 (2) 3 or 4 (3) 5 or 6 (4) 7 or 8 (5) 9 or more

3. How often do you have six or more drinks on one occasion?  
 (1) Never (2) Monthly (3) 2 to 3 times a week (4) 4 or more times a week

4. How often during the last year have you found that you were not able to stop drinking once you had started?  
 (1) Never (2) Less than monthly (3) Monthly (4) Weekly (5) Daily or almost daily

5. How often during the last year have you failed to do what was normally expected from you because of drinking?  
 (1) Never (2) Less than monthly (3) Monthly (4) Weekly (5) Daily or almost daily

6. How often during the last year have you needed a first drink in the morning (you feel you need it after a heavy drinking session)?  
 (1) Never (2) Less than monthly (3) Monthly (4) Weekly (5) Daily or almost daily

7. How often during the last year have you been drinking more than you intended to?  
 (1) Never (2) Less than monthly (3) Monthly (4) Weekly (5) Daily or almost daily

8. How often during the last year have you been drinking more than you intended to because you had been drinking?  
 (1) Never (2) Less than monthly (3) Monthly (4) Weekly (5) Daily or almost daily

9. How often during the last year have you found that you were not able to stop drinking once you had started?  
 (1) Never (2) Less than monthly (3) Monthly (4) Weekly (5) Daily or almost daily

10. Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?  
 (1) No (2) Yes, but not in the last year (3) Yes, during the last year

Record total of specific items here: \_\_\_\_\_

If total is greater than recommended cut-off, consult User's Manual

**Question 4**

During the past three months, how often have you used of (FIRST DRUG, SECOND DRUG, ETC) led to health, social, legal or financial problems?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	4	5	6	7
2. Alcoholic beverages (beer, wine, spirits, etc.)	0	4	5	6	7
3. Cannabis (marijuana, pot, grass, hash, etc.)	0	4	5	6	7
4. Cocaine (base, crack, etc.)	0	4	5	6	7
5. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	4	5	6	7
6. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	4	5	6	7
7. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	4	5	6	7
8. Hallucinogens (LSD, mescaline, PCP, Special K, etc.)	0	4	5	6	7
9. Opioids (heroin, morphine, methadone, codeine, etc.)	0	4	5	6	7
Other: specify _____	0	4	5	6	7

**Question 5**

During the past three months, how often have you used of (FIRST DRUG, SECOND DRUG, ETC) that was not expected of you because of your age?

	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
1. Tobacco products (cigarettes, chewing tobacco, cigars, etc.)	0	5	6	7	8
2. Cannabis (marijuana, pot, grass, hash, etc.)	0	5	6	7	8
3. Cocaine (base, crack, etc.)	0	5	6	7	8
4. Amphetamine type stimulants (speed, diet pills, ecstasy, etc.)	0	5	6	7	8
5. Inhalants (nitrous, glue, petrol, paint thinner, etc.)	0	5	6	7	8
6. Sedatives or Sleeping Pills (Valium, Serenax, Rohypnol, etc.)	0	5	6	7	8
7. Hallucinogens (LSD, mescaline, PCP, Special K, etc.)	0	5	6	7	8
8. Opioids (heroin, morphine, methadone, codeine, etc.)	0	5	6	7	8
Other: specify _____	0	5	6	7	8

- **Alcohol Use Disorders Identification Test (AUDIT)**

- Screens for alcohol use only
- 10-items; *AUDIT-C is a shortened, 3-item screen*

- **Drug Abuse Screening Tool (DAST)**

- Screens for drug use only
- 10-items

**Drug Screening Questionnaire (DAST)**

Using drugs can affect your health and cause addiction. You may also have had a problem with drugs in the past. Please help us provide you with the best medical care by answering the questions below.

Which of the following drugs have you used in the past year?  
 Hard drugs (heroin, cocaine, crack, etc.)  Alcohol (beer, wine, liquor, etc.)  
 Prescription drugs (painkillers, sedatives, etc.)  Marijuana (pot, grass, hash, etc.)  
 Inhalants (nitrous, glue, petrol, paint thinner, etc.)  Other: \_\_\_\_\_

How often have you used these drugs?  Monthly or less  Weekly  Daily or almost daily

1. Have you used drugs other than those required for medical purposes?	No	Yes
2. Do you abuse even the low dose of a drug?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or done a binge of drug use?	No	Yes
5. Do you ever feel high, buzzed, or drunk when you use drugs?	No	Yes
6. Do you ever feel nervous, shaky, or dizzy when you use drugs?	No	Yes
7. Have you ever had a problem with your stomach or intestines when you use drugs?	No	Yes
8. Have you ever had a problem with your liver when you use drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (shaking, sweating, nausea, etc.) when you stop using drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g., seizures, heart, respiratory, blood pressure)?	No	Yes

Have you ever injected drugs?  Never  Yes, in the past 60 days  Yes, more than 60 days ago

Have you ever been in treatment for substance abuse?  Never  Currently  In the past

I II III IV  
0 1 2 3 4

- **Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST)**

- Screens for alcohol and drug use
- 12-items

# The AUDIT - Alcohol Use Disorders Identification Test

Questions	0	1	2	3	4
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week
2. How many drinks do you have on a typical day when drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year

} The AUDIT-C

**AUDIT Score**  
**7**

**AUDIT-C Score**  
**4**

Resource Video: client interview using AUDIT:  
<https://www.youtube.com/watch?v=RHcalohcunU>

**\*Questions focus on Consumption, Severity, Consequences that parallel DSM assessment areas**

# Use AUDIT Screening Score to determine Risk Level (for having substance use issues) and Triaging such Risk

AUDIT Score	Risk Level	Intervention
0-7	Zone 1 (No Risk/Low Risk)	Alcohol Education
8-15	Zone II (Low Risk)	Brief Intervention (BI)
16-19	Zone III (Moderate Risk)	BI and Referral to Treatment
20-40	Zone IV (High Risk)	BI and Referral to Treatment

AUDIT-C Score	Risk Level	Intervention
0-3	No Risk/ Low Risk	Positive Reinforcement
<b>Women:</b> 3-7	Moderate/ High Risk	Brief Intervention (BI) and Referral to Treatment
<b>Men:</b> 4-7		
8+	Severe Risk	BI and Referral to Treatment



# The DAST - Drug Abuse Screening Tool

Which of the following drugs have you used in the past year?

- methamphetamines (speed, crystal)
- cannabis (marijuana, pot)
- inhalants (paint thinner, aerosol, glue)
- tranquilizers (valium)
- cocaine
- narcotics (heroin, oxycodone, methadone, etc.)
- hallucinogens (LSD, mushrooms)
- other \_\_\_\_\_

How often have you used these drugs?  Monthly or less  Weekly  Daily or almost daily

1. Have you used drugs other than those required for medical reasons?	No	Yes
2. Do you abuse more than one drug at a time?	No	Yes
3. Are you unable to stop using drugs when you want to?	No	Yes
4. Have you ever had blackouts or flashbacks as a result of drug use?	No	Yes
5. Do you ever feel bad or guilty about your drug use?	No	Yes
6. Does your spouse (or parents) ever complain about your involvement with drugs?	No	Yes
7. Have you neglected your family because of your use of drugs?	No	Yes
8. Have you engaged in illegal activities in order to obtain drugs?	No	Yes
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	No	Yes
10. Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?	No	Yes

**Score**  
**3**

DAST Score is based on answers to these 10 questions

0 1

\*Questions focus on Consumption, Severity, Consequences that parallel DSM assessment areas

# Use DAST Screening Score determine Risk Level (for having substance use issues) and Triaging such Risk

DAST Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	Reinforce positive behavior
1-2	Low Risk	Brief Intervention (BI)
3-5	Moderate Risk	BI and Referral to Treatment
6-10	High Risk	BI and Referral to Treatment

# The Modified-ASSIST

- The Modified-ASSIST helps identify individuals who require more thorough screening around various alcohol and drugs.
- The algorithm:
  - If person answers “yes” to using any illicit substances, then proceed through tool (8 items).
  - If person indicates “yes” to alcohol or tobacco only, appropriate intervention based on consumption patterns should follow.

NIDA Quick Screen Question:					
In the past year, how often have you used the following?	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
Alcohol • For men, 5 or more drinks a day • For women, 4 or more drinks a day				X	
Tobacco Products		X			
Prescription Drugs for Non-Medical Reasons	X				
Illegal Drugs			X		

Substance Involvement Score	Total (SI SCORE)
a. Cannabis (marijuana, pot, grass, hash, etc.)	
b. Cocaine (coke, crack, etc.)	13
c. Prescription stimulants (Ritalin, Concerta, Dexedrine, Adderall, diet pills, etc.)	
d. Methamphetamine (speed, crystal meth, ice, etc.)	
e. Inhalants (nitrous oxide, glue, gas, paint thinner, etc.)	
f. Sedatives or sleeping pills (Valium, Serepax, Xanax, Ativan, Librium, Rohypnol, GHB, etc.)	
g. Hallucinogens (LSD, acid, mushrooms, PCP, Special K, ecstasy, etc.)	5
h. Street Opioids (heroin, opium, etc.)	
i. Prescription opioids (fentanyl, oxycodone [OxyContin, Percocet], hydrocodone [Vicodin], methadone, buprenorphine, etc.)	
j. Other – Specify:	

**If Any Use Continue Questioning**

<b>Cocaine:</b>	<b>Hallucinogens:</b>
<b>Score</b>	<b>Score</b>
13	5

Resource: full ASSIST tool:  
<https://www.drugabuse.gov/site/default/files/pdf/nmassist.pdf>

\*Questions focus on Consumption, Severity, Consequences that parallel DSM assessment areas

# Use ASSIST Screening Score determine Risk Level (for having substance use issues) and Triaging such Risk

Alcohol	All other substances <sup>a</sup>	Risk level
0 - 10	0 - 3	Lower risk
11 - 26	4 - 26	Moderate risk
27+	27+	High risk



**Positive Reinforcement/Brief Intervention**



**Brief Intervention & Referral to Treatment**



**Brief Intervention & Referral to Treatment**

# Standardized Screening Tools for SBIRT Practice

*\*Validated for screening for Adolescent Populations*

- **CRAFFT (Car, Relax, Alone, Forget, Friends/Family, Trouble)**
  - 6 items
  - Screens for substance use broadly with integration of risky behaviors/issues

- **Screening to Brief Intervention (S2BI)**
  - Expands substance use screening
  - Distinguishes Risk levels
  - 7-items

**The CRAFFT Screening Interview**

Begin: "I'm going to ask you a few questions that I ask all my patients. Please be honest. I will keep your answers confidential."

**Part A**  
During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)? (Do not count sips of alcohol taken during family or religious events.)	No	Yes
2. Smoke any marijuana or hashish?	<input type="checkbox"/>	<input type="checkbox"/>
3. Use anything else to get high? (anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff")	<input type="checkbox"/>	<input type="checkbox"/>

For clinic use only: Did the patient answer "yes" to any questions in Part A?  
No  Yes

Ask CAR question only, if "Yes" to any of all 6 CRAFFT questions

**Part B**

1. Has anyone ever gotten into CAR (Car, Alone, Relax, Forget, Friends/Family, Trouble) with you while you are by yourself, or ALONE?	No	Yes
2. Has anyone ever gotten into CAR with you while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you ever get into CAR or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you ever get into CAR or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you ever get into CAR or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you ever gotten into CAR or drugs while you are by yourself, or ALONE?	<input type="checkbox"/>	<input type="checkbox"/>

CONFIDENTIALITY NOTICE:  
The information recorded on this page may be protected by state or federal confidentiality laws (42 CFR Part 2), which prohibit disclosure of this information unless authorized by specific written consent. A general authorization for release of medical information is NOT sufficient for this purpose.  
© Copyright 2008, Boston, 2008, Au. All rights reserved.  
Reproduced with permission from the Center for Adolescent Substance Abuse Research, CAA-SAR, Children's Hospital Boston. [www.cha.harvard.edu](http://www.cha.harvard.edu)

**Screening to Brief Intervention (S2BI)**

Developed at Boston Children's Hospital with support from the National Institute on Drug Abuse.

The following questions will ask about your use, if any, of alcohol, tobacco, and other drugs. Please answer every question by checking the box next to your choice.

**IN THE PAST YEAR, HOW MANY TIMES HAVE YOU USED:**

<b>Tobacco?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more	<b>Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
<b>Alcohol?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more	<b>Herb pills (such as cocaine or Ecstasy)?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
<b>Marijuana?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more	<b>Inhalants (such as nitrous oxide)?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more
	<b>Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?</b> <input type="radio"/> Never <input type="radio"/> Once or twice <input type="radio"/> Monthly <input type="radio"/> Weekly or more

**STOP if answers to all previous questions are "Never". Otherwise, continue with questions on the right.**

# The CRAFFT

During the PAST 12 MONTHS, did you:

1. Drink any alcohol (more than a few sips)?

No

Yes

2. Smoke any marijuana or hashish?



3. Use anything else to get high?



"Anything else" includes illegal drugs, over the counter and prescription drugs, and things that you sniff or "huff".

If you answered NO to ALL (A1, A2, A3) answer only B1 below, then STOP.

If you answered YES to ANY (A1, to A3) answer B1 to B6 below.



If adolescent answers "Yes" to any of these use questions, proceed to next 6 questions. Only the 6 CRAFFT questions are scored.

No

Yes

1. Have you ever ridden in a **CAR** driven by someone (including yourself) who was "high" or had been using alcohol or drugs?



2. Do you ever use alcohol or drugs to **RELAX**, feel better about yourself, or fit in?



3. Do you ever use alcohol or drugs while you are by yourself, or **ALONE**?



4. Do you ever **FORGET** things you did while using alcohol or drugs?



5. Do your **FAMILY** or **FRIENDS** ever tell you that you should cut down on your drinking or drug use?



6. Have you ever gotten into **TROUBLE** while you were using alcohol or drugs?



**Score**  
2

No = 0 points; Yes = 1 point

# Use CRAFFT Screening Score determine Risk Level (for having substance use issues) and Triaging such Risk

Score	Risk Level	Recommended Action
"No" to 3 opening questions	No risk	Positive reinforcement
"Yes" to car question	Riding risk	Discuss alternatives to riding with impaired drivers
CRAFFT score = 0	Medium risk	Brief advice
CRAFFT score = 1		Brief intervention
CRAFFT score $\geq 2$	High risk	Consider referral for further assessment (delivered through brief intervention)

# The S2BI

In the past year (12 months), how many times have you used:

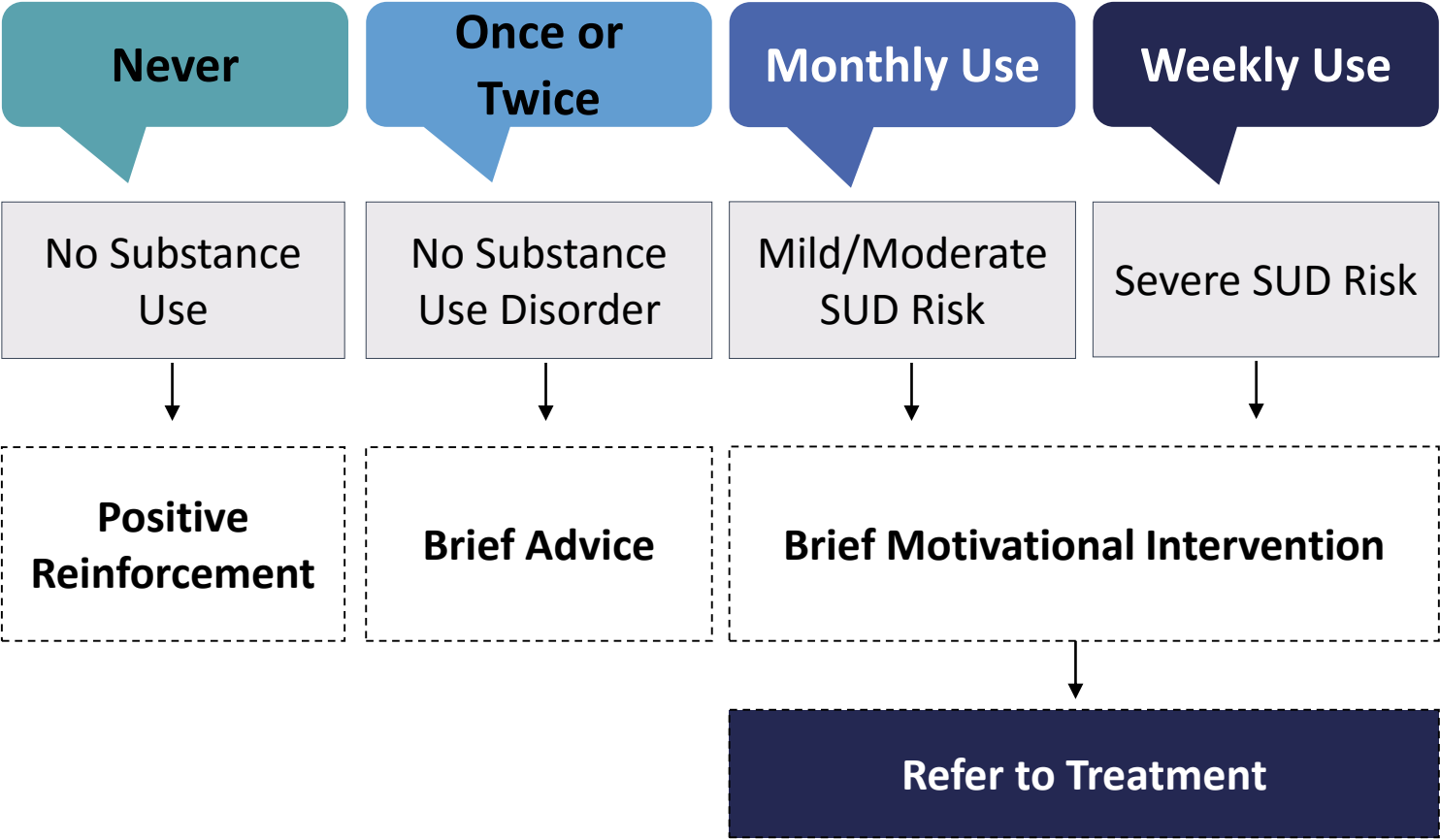
	Never	Once or twice	Monthly	Weekly
1. Tobacco	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Alcohol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Marijuana	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

**STOP if all "Never." Otherwise, CONTINUE.**

4. Prescription drugs that were not prescribed for you (such as pain medication or Adderall)?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Illegal Drugs (such as cocaine or Ecstasy)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inhalants (such as nitrous oxide)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Herbs or synthetic drugs (such as salvia, "K2", or bath salts)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



# Use S2BI Screening Score determine Risk Level (for having substance use issues) and Triaging such Risk



Each Response Category from screening corresponds to a risk level and an appropriate triage response.

# Considerations for Screening

1. Recognize the Shame and Stigma associated with discussing - asking about and reporting substance use
2. Recognize the fear about confidentiality

## Address such issues by:

- Contextualize substance use as health issue like other physical and mental health issues
- Normalize the screening protocol (routine practice done on all clients/patients)
- Reinforce Confidentiality (with limits)
- Ask for permission
- Discuss and personalize the screening results as “risk symptoms”
- Use Motivational Interviewing Strategies: open-ended questions, reflective listening, summary statements, empathy



# Group Discussion



1. How is SBIRT implementation going?
2. Questions
3. Concerns